

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

184878

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1		1		
3		1		1		
4	1		1			
5	1		1			
6	1		1			
7		2		2		
8		2		2		
9		2		2		
10	1		1			
11		1		1		
12	1		1			
13		2		2		
14		6		6		
15		6		6		
16		6		6		
17		6		3		
18	1		1			
19	1		1			
20	1		1			
21	1		1			
22	1		1			
23	1		1			
24			1			
25			1			
26			1			
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50						
TOTAL IND.			16			
TOTAL DEP.			34			
TOTAL CLAIMS			50			

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS